Nursing students' learning dynamics and influencing factors in clinical contexts

ABSTRACT

Clinical placements are essential for students to develop clinical skills to qualify as nurses. However, various difficulties encountered by nursing students during their clinical education detract from developing clinical competencies. This constructivist grounded theory study aims to explore nursing students' experiences in clinical nursing education, and to identify the factors that influence the clinical education students receive. Twenty-one individual and six group semi-structured interviews were conducted with sixteen fourth year nursing students and four registered nurses. This research identified six factors that influence nursing students' clinical education: interpersonal, socio-cultural, instructional, environmental, emotional and physical factors. The research has developed a dynamic model of learning in clinical contexts, which offers opportunities to understand how students' learning is influenced multifactorially during clinical placements. The understanding and application of the model can improve nursing instructional design, and subsequently, nursing students' learning in clinical contexts.

KEYWORDS

Clinical Education; Constructivist Grounded Theory; Interpersonal Relationship; Learning Dynamics.

MANUSCRIPT

1. INTRODUCTION

Nursing is a practice-based profession and therefore learning within clinical environments is imperative to pre-registration nurse education. Through clinical placements, nursing students acquire practical skills and theoretical knowledge whilst developing their professionalism in real clinical environments (Moscaritolo, 2009).

Clinical environments have become more complex in recent decades and the dynamics of nursing education in those environments have, accordingly, become complex as well. As a result, there is a need for nursing educators to gain an understanding of nursing students' needs during clinical placements to effectively support their education (Flott and Linden, 2016). While existing nursing literature, such as Levett-Jones et al. (2009) and Melincavage (2011), has explored nursing clinical placements and identified the factors that influence placement experiences, research that holistically explores the complex dynamics of clinical nursing education is limited. This study explores nursing students' experiences during clinical placements in South Korea (hereafter Korea) to identify and understand the dynamics of their learning in clinical environments.

1.1. Background

In the education of nursing practice, nursing students are given opportunities to conduct experiential learning in university laboratories and/or real clinical environments in order to develop their practical competencies. This can also be called clinical education, clinical practicum, clinical training or practice placements.

There is international consensus in the nursing literature that clinical placements are indeed an essential part of nursing education (Flott and Linden, 2016, Levett-Jones et al., 2007, Yamada

and Ota, 2012). Parker and Wadley (2015), defined nursing clinical placements as "where a nursing or midwifery student applies their knowledge to practice, learns key skills and achieves the required competencies for registration… Learning in the contextual setting of clinical practice enables students to confront many of the challenges and issues related to caring" (p.123).

By undertaking clinical placements, nursing students are expected to develop clinical competencies, which include problem-solving skills (Ehrenberg and Häggblom, 2007). Additionally, clinical experiences can strongly influence the development of their professionalism in nursing fields and help them to smoothly transition and adjust to the workforce after qualifying as a nurse (Dinmohammadi et al., 2013). Due to the importance of clinical placements, the Royal College of Nursing (2017) reported that the United Kingdom and other European countries conduct 2,300 hours or more for nursing clinical placements, and that clinical placements can take up to half of the students' whole nursing education in those countries (Warne et al., 2010).

In Korea, most nursing schools provide a four-year baccalaureate degree programme. All nursing schools must meet the criteria set for the baccalaureate programme by Korean Accreditation Board of Nursing Education (2016). The board recommends that nursing students should earn 25 credits in liberal art courses, 18 to 26 credits of foundation nursing courses (e.g., anatomy and biology), and 70 to 90 credits are required for core nursing courses (e.g., paediatric and adult nursing). Clinical placements are also included in the core nursing curricula and nursing students are required to spend a minimum of 1,000 hours on placements (Korean Accreditation Board of Nursing Education, 2016). Nursing students usually start clinical placements from their third year. The recommended clinical placement hours are similar to that of the USA and Australia, but far fewer than that of the UK and EU countries where 2300 hours are required (Royal College of Nursing, 2017, National Council of State

Boards of Nursing, 2006, Levett-Jones et al., 2008).

Clinical education is mainly provided by nursing staff, while university lecturers play a more indirect role (Barrett, 2007, Stokes and Kost, 2012). As nursing students spend many hours with nurses in clinical environments, nurses play a key role in nursing students' clinical education. However, reports in international nursing literature indicated that many nursing students experienced difficulties adjusting to and learning in clinical environments due to the lack of clinical experience, limited opportunities to put their knowledge to practice, and the unfamiliarity and complexity of clinical environments (Chernomas and Shapiro, 2013, Lapkin et al., 2010, Lim, 2011). These difficulties are associated with their lack of clinical competencies, and also increase the students' anxieties in clinical environments (Chernomas and Shapiro, 2013). Moreover, newly-qualified nurses with insufficient clinical competencies and nursing knowledge may experience a reality shock at their new workplaces and thus consider resigning from their post (Duchscher, 2009, Kumaran and Carney, 2014). Therefore, these difficulties should be addressed to improve and better nursing education. However, there is a dearth of research that explores holistically how different factors can cause difficulties in nursing students' learning process in clinical contexts.

2. THE STUDY

2.1. Aim

To explore nursing students' experiences of clinical placements in Korea and to identify the factors that influence their learning during clinical placements.

2.2. Design

Grounded Theory offers a chance for the construction of a theory via the inductive use of data

from participants (Creswell, 2007). In particular, constructivist grounded theory (CGT) methodology is "suitable for studying individual processes, interpersonal relations and the reciprocal effects between individuals and larger social processes" (Charmaz, 1995, p.28-29). This research adopted a qualitative research design guided by CGT (Charmaz, 2014) as this research aimed to explore nursing students' learning dynamics in clinical environments by identifying induvial and contextual factors that influence the dynamics.

2.3. Participants

A purposeful sample of 16 nursing students from four nursing schools in Seoul, Korea was recruited to understand the students' experience of clinical placements. The inclusion criteria were nursing students who 1) were enrolled in a nursing baccalaureate program and 2) had clinical placement experience. The exclusion criteria were nursing students who 1) were already registered nurses but studied in nursing undergraduate programmes to earn a nursing bachelor degree and 2) had experience of global nursing clinical placements. In addition, the theoretical sampling of Grounded Theory allows us to recruit four nurses for interview.

While carrying out the student interviews, we decided to recruit an additional four nurses who worked in tertiary hospitals and have provided clinical placement education in their hospitals to the nursing student participants in this research. This is because through the student interviews, we identified that nurses were key persons who influence students' learning in clinical contexts (i.e., theoretical sampling strategy of CGT) (Charmaz, 2014). We expected that the interviews with nurses would act as a supplement to gain an in-depth understanding of nursing students' clinical learning experience. In order to recruit the nurses, we contacted the tertiary hospitals via email and the hospital introduced four nurses who volunteered to participate in this research.

2.4. Data collection

CGT research guidelines by Charmaz (2014) were used to inform the process of this research.

Semi-structured interviews were conducted using around 30 open-ended interview questions (e.g., Tell me about the clinical contexts where you have done placements, What were your roles during clinical placements? and How were your relationships with people in the hospital?). Brief information regarding the interview questions were emailed to participants one week beforehand to encourage more reflective and analytical answers. Four individual and two group interviews were initially conducted with 10 nursing students (i.e., first round interviews) Theoretical sampling was used to conduct further rounds of interviews with nursing students (13 individual and four group interviews) and nurses (four individual interviews) until theoretical saturation of the findings was attained (i.e., second and third round interviews) (Charmaz, 2014).

Interviews lasted approximately 90 minutes each and they were conducted in calm and secure public places, such as lecture rooms in universities or common rooms in hospitals, in order to preserve the nursing educational contexts. All interviews were recorded with a voice recorder device. Memo writing was adopted during or after the interviews as it is useful for both analytical interpretation and theoretical sampling (Charmaz, 2014).

2.5. Ethical considerations

This research study received ethical approval from the School of Health in Social Science Ethics Committee at the University of Edinburgh and written informed consent from each of the participants was obtained.

2.6. Analysis

All collected interview data were transcribed and coded using CGT methodology guidelines, which include initial, focused and theoretical coding strategies (Charmaz, 2014). Initial coding

creates a taxonomy of codes that represent the main characteristics of the data, while focused coding enables development of core categories from initial codes. Finally, theoretical coding analyses the relationship between the developed categories (Charmaz, 2014). Constant comparison during the coding stages plays a critical role in identifying the concomitant features of the data, codes and categories (Charmaz, 2014, Glaser and Strauss, 1967). It also offers consistency and creativity for theory development and is continued until theoretical saturation is reached.

In this research, initial coding was achieved through line-by-line and in-vivo coding of the interview scripts. Focused coding was then undertaken, generating conjectural categories based on the initial codes. Through the process of constant comparison, the initial codes and conjectural categories (i.e., focused codes) from the interview analysis were modified, elaborated and refined. In addition, the relationships between the categories were identified by the comparison (i.e., theoretical coding). NVivo 10 was used during the analysis process.

2.7. Rigour

We ensured the rigour of research through the criteria of credibility, originality, resonance, and usefulness (Charmaz, 2014). For credibility, this research considered social contexts within which to understand the participants' experience, and achieved theoretical saturation through theoretical sampling and constant comparisons between research findings. The findings were compared to existing research to confirm its originality. Both the researchers and the participants verified the participants' experiences and its meanings together via a series of interview stages (i.e., member-checking) to achieve resonance. Therefore, as the findings were grounded in empirical data and offered an in-depth understanding of nursing students' learning in clinical contexts, these findings can be useful in improving nursing education.

3. RESULTS

3.1. Demographic characteristics

The mean age of the 16 nursing student participants was 21.25 years, ranging from 20 to 27 years. Fourteen of the nursing student participants were female. All the students were in the 4th year of their courses. The mean age of the four registered nurse participants was 37 years (range 30-50 years) and the mean number of work experience years was 12.25 years (range 4 - 24years). All registered nurse participants were female.

3.2. Six factors influencing on clinical placements

This research identified six factors, that influence nursing students' clinical placements through the CGT coding process: interpersonal, socio-cultural, instructional, environmental, emotional and physical factors. The six factors, related to each other via causal and complex relationships, have an effect on the learning process.

Factor 1: Interpersonal factors

Registered nurses are the most influential persons to the nursing students' learning as they spend most of their clinical placement time together, and nurses play a critical role in helping students build their nursing knowledge. However, nurses are often busy, and thus have limited time to take care of nursing students in the busy clinical contexts.

> Most nurses don't take care of us because they are busy. So, they leave us alone. (Student 1)

Moreover, nurses' attitudes towards student education during clinical placements vary, and these different attitudes affect the students' learning.

> Each nurse has unique attitudes. Depending on the nurses' attitudes towards their work and

> our education, [our learning] can be so different. (Student 2)

The level of rapport between nurses and nursing students also influences the students' learning in clinical environments. If the students have higher levels of rapport with the nurses during clinical placements, they would have more opportunities to receive teaching from the nurses.

> If I have a good rapport with the nurses, I can ask any question immediately and the nurses will explain in detail. So, they help me to build more nursing knowledge. (Student 3)

Meanwhile, nurses in this research study have negative attitudes regarding the students' clinical education, describing it as burdensome because it increases their workload.

> I feel burdened. Firstly, I am busy enough just trying to complete my own work. But [if nursing students visit], I have to take the students around and educate them. Honestly, it is time-consuming. So it is burdensome. (Nurse 1)

Factor 2: Socio-cultural factors

Socio-cultural factors were identified as significant to the students' learning in clinical environments. Social positions such as age, job titles and work experiences within an organisation determine the interpersonal relationships, and those relationships are vertical.

> In Korean society, all members of the society are not equal. It becomes power when one is older, in a higher position than others, and so on… It results in a hierarchical relationship. (Student 4)

Nursing students with experience in clinical environments emphasise the vertical relationship that exists between different groups (e.g., doctors and nurses) or within groups (e.g., charge nurses and staff nurses). The vertical relationship (i.e. hierarchy) is particularly noticeable within nurse groups.

> Although other work fields have a social hierarchy, hierarchy within the nurse group is more severe than what most people think… And, there is strong discipline that the juniors should comply with. (Student 5)

Nursing students take the lowest position in the hierarchy, and they assert that the hierarchical relationship is maintained during their learning process.

> The relationship between workers and learners in a hospital is that of hierarchy. When nursing students go on clinical placements as learners, they are the lower-ranked. (Student 6)

Factor 3: Instructional factors

Both students and nurses understand that the process of observation is a major instructional method during the students' placements.

> What the nursing students can mostly do is observation. (Nurse 2)

However, nursing students are unclear about their education due to the difference in education received at different hospitals. Nurses also admit that there are no detailed guidelines for nursing education during clinical placements.

> Educational methods are different between hospitals. (Students 2 and 7)

> In fact, we don't have any guidelines on how to supervise nursing students in this hospital. (Nurse 2)

Additionally, nursing students believe that the length of time spent on each clinical placement influences their learning. Each clinical placement takes place in one hospital ward for a minimum of one week, and a maximum of two weeks. However, the students assert that a period of one to two weeks in a ward is inadequate for their learning. As previously mentioned,

good rapport with the nurses can positively influence the students' learning during clinical placements, but due to the short placements, students have difficulty building that rapport, and consequently their learning suffers.

> I think to move to another ward every one or two weeks is too short a time. It is really hard to adjust to each ward within that short period of time. Just when I start to feel that the nurses and I are getting closer, the clinical placements end. (Student 6)

Factor 4: Environmental factors

Nursing students describe the clinical environments as "dynamic" (Student 8), which they attribute to how busy the nurses and clinical environments appear.

> They are very busy… There is no one who is not busy in hospitals. (Student 9)

The students attempt to rationalise why the nurses and the clinical environments appear busy, acknowledging the demands of the nurses' workloads due to high patient loads.

> The number of nurses is too little in comparison to the number of patients. Therefore, there is a heavy workload for each nurse to manage. (Student 10)

However, the busyness of the clinical environments influences the education that nurses can provide to students.

> When I am busy, the amount of teaching I give the students reduce. I don't have a lot of time to explain… (Nurse 3)

Furthermore, due to concerns regarding medical service law in Korea, hospitals restrict nursing students' nursing practice during placements as their practice can compromise patient safety. Students are therefore less able to apply and develop their knowledge during clinical placements.

> The law restricts the extent of nursing practice we are allowed to do… I think if we carry out nursing practice, it can cause legal concerns, so it is hard to apply our knowledge to real patients. (Student 9)

Factor 5: Emotional factors

Within the fore-mentioned complex contextual factors (external factors), emotional and physical factors as individual factors (internal factors), influence the nursing students' learning during clinical placement.

Having to negotiate the nurses' busyness to receive clinical education (i.e. interpersonal factor) and having to cope with their low social hierarchical position (i.e. socio-cultural factor) result in stress and fear.

> I feel lonely. I feel like I am useless. When I want to ask the nurses a question, I get stressed trying to find the chance to ask my question… I fear the nurses. It is a human relationship. It is very stressful when I worry about being scolded by nurses [due to the hierarchy]. (Student 6)

Nursing students also get emotionally stressed due to their unclear role (i.e. instructional factor) and the busy, dynamic clinical environments (i.e. environmental factor)

> I feel like [I would bother nurses] as I stand around and do nothing. When I observe nurses, I feel like I don't know anything… I also feel guilty. (Student 1)

> I get stressed when I go to clinical environments, as I need to carry out my nursing duties according to the busy schedule there. (Student 11)

Factor 6: Physical factors

A nurse's duty rota in Korea consists of three shifts, and so nursing students must adjust to shift

work and change their lifestyle patterns during clinical placements. This changed pattern and having to be on their feet continuously during placements takes a physical toll on the students.

> I have to get up early in the morning and stand all day long. The resulting tiredness affects the rest of the day. (Student 10)

As nursing students are unable to rest due to their fear of the qualified nurses and a lack of designated rest areas, these physical burdens cannot be alleviated.

> There isn't any place where I can sit and rest… I just stand all day, minding the nurses' gaze upon me. (Student 6)

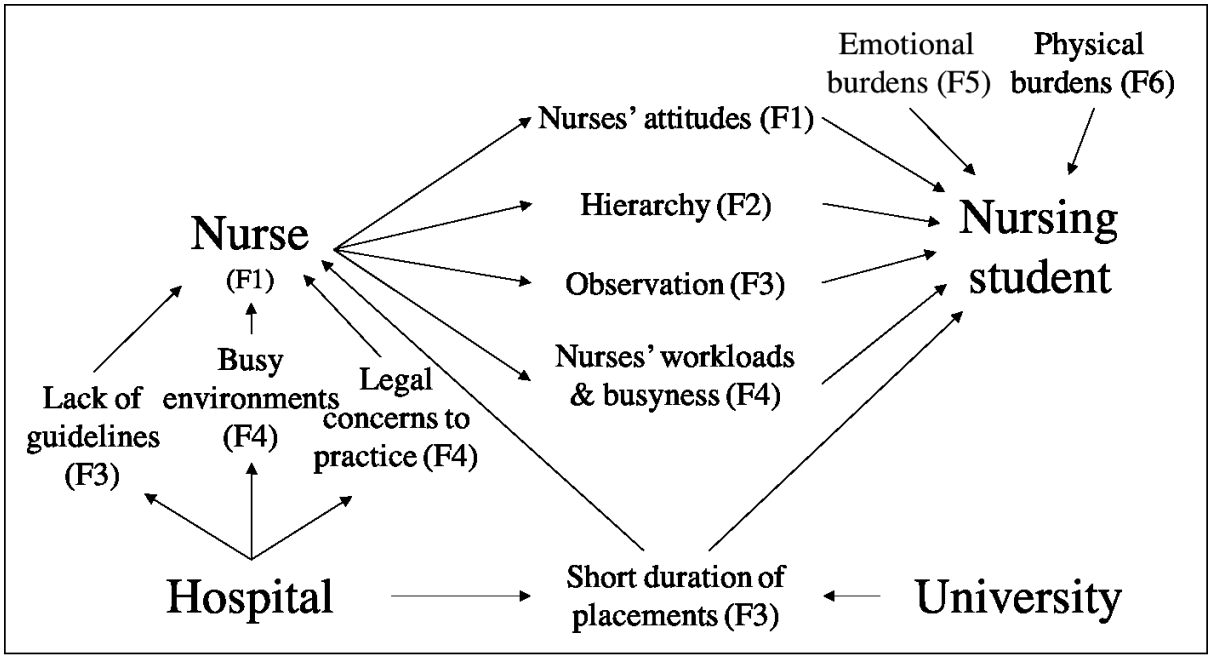
Moreover, negative emotional factors add to nursing students' physical burdens.

> When I follow nurses who are not very friendly, my body is affected by my emotions, for example I have a headache and stomach pain. (Student 10)

3.3. The dynamics of the six factors

Although categorisation into the six factors described above is useful in defining the factors that influence students' learning in clinical environments, it is static and does not fully address the 'dynamics' of students' learning in clinical placements. This is because the factors are interconnected and influence the students' learning in complex ways – identified in this research as the main concepts of the learning dynamics in the clinical environment (see Figure 1). These concepts were developed through theoretical coding with the constant comparison strategy. The interpersonal relationships between nursing students and nurses are located at the centre of the dynamics and these relationships are influenced by organisational components (i.e., hospitals and universities).

Figure 1: Dynamics of nursing students' learning during clinical placements



Note: F1-6 = F1: interpersonal factors, F2: socio-cultural factors, F3: instructional factors, F4: environmental factors, F5: emotional factors and F6: physical factors.

4. DISCUSSION

As mentioned in the previous section, the dynamics of the six factors that influence nursing student's learning in clinical contexts can be restructured and categorised into three domains as organisational, interpersonal and individual dynamics.

4.1. Organisational dynamics in nursing clinical education

According to the relationship between nurses and hospitals for the students' clinical education, both student and nurse participants agreed that there was a lack of students' clinical education guidelines from hospitals (Lack of guidelines: See Figure 1). Song and Kim (2013) found that only 61.1% of the hospitals had internal regulations regarding the students' clinical placements.

The lack of clinical education guidelines within South Korean hospitals is due to a lack of legislation or national guidelines that can compel hospitals to offer systematic nursing clinical education (Song and Kim, 2013). This contrasts with regulated education for nurses in the USA (Board of Registered Nursing, 2010) and the UK (Nursing and Midwifery Council, 2010).

The students who participated in this research believed that their practice during placements was limited due to legal regulations in Korea (Legal concerns to practice). There are several articles of the Medical Service Act relating to nursing students' medical activities in Korea. According to the Korea Enforcement Rule of Medical Service Act. Article 19 (2015), nursing students are allowed to engage in medical activities under the supervision of supervisors for their clinical placements. However, the definitions of 'medical activities' and 'supervisors' are ambiguous. Moreover, according to the Korea Medical Service Act. Article 21 (2009), it is prohibited for medical personnel to show or provide a patient's medical records to other persons. Although there are exceptional cases mentioned in the Act, concessions for nursing students are not stated. However, nursing students can usually access patients' medical records during the placements. As above, there is a lack of preparation by hospitals and debatable legal concerns in relation to nursing clinical placement education in Korea.

Furthermore, nurses and nursing students asserted in this research that clinical environments were dynamic, and that the nurses were too busy to educate the students (Busy environments). The dynamic and complex characteristics of clinical environments have often been found to negatively influence the students' learning (Papp et al., 2003, Yamada and Ota, 2012). Papp et al. (2003) asserted that the uncontrollable and unpredictable clinical contexts made it difficult for nurses to plan the students' clinical education.

Although the average nurse-to-inpatient ratio in England in 2010 (1:8 to 1:10.8) is lower than that of Korea (1:12.9), the nurses in England struggle with insufficient staffing and heavy

workloads, hence emotional and physical burn-out (Ball et al., 2012, Jeong, 2013). From this evidence, it can be deduced that Korean nurses are in poorer positions than their English counterparts to support the students' clinical education due to the extreme work load.

4.2. Interpersonal dynamics in nursing clinical education

The interpersonal relationship between registered nurses and nursing students was identified as a key dynamic of the nursing students' clinical education. This research identified that nurses who engaged in clinical placement education were the most influential people for students' learning. This finding is consistent with existing nursing research studies that explored clinical placement education, with the interpersonal relationships with registered nurses being particularly influential on student learning (Levett-Jones et al., 2009, Warne et al., 2010), as is the supervisory relationship in clinical environments (Warne et al., 2010, Williamson et al., 2011, Yamada and Ota, 2012). However, despite the known importance of these relationships, many studies have also identified difficulties in the student experience of constructing positive educational relationships with nurses.

This research found that the nurses' negative attitudes towards the nursing students' education hindered the building of positive relationships between nurses and students (Nurses' attitudes). Taniyama et al. (2012) and Williamson et al. (2011) pointed out difficulties that nursing students experienced due to the inconsistency of nurses' attitudes. These concerns can be said to be fundamentally caused by the 'Lack of guideline', because nurses will experience difficulties in providing systematic and consistent education without guidelines for their roles in the student education.

Moreover, research from several countries such as Australia (Dragon, 2009), USA (Lillibridge, 2007) and Finland and UK (Jokelainen et al., 2011) reported on the burdens shouldered by nurses in educating nursing students in clinical environments (Nurses' workload & busyness).

This international concern in nursing studies is similar to the situation in Korea. Many studies conducted in Korea discuss that nurses have neither the capability nor the time to support the students' learning (Yang, 2012). Due to the difficulties nurses experienced in supporting the nursing students' clinical education, the students accordingly experienced difficulty in building close interpersonal relationships with the nurses, hence reducing positive learning outcomes.

Busyness also influenced the nurses' main instructional method: observation (Observation). Clinical placements in this research were mainly observation-based, rather than practice-based. As the nurses are too busy with their own workloads to teach the nursing students, learning through observation is one of the realistic alternatives for nursing students to experience the clinical environment and nursing practice. Moreover, patient safety and legal concerns regarding students' practice in clinical environments influenced this instructional method (Hur et al., 2013). In such situations, nursing students would experience greater difficulties in developing their nursing practice competencies (Hur et al., 2013).

This research has highlighted that the social hierarchy (Hierarchy) in socio-cultural factors, which is rarely considered in nursing research as an educational factor, has a significant impact on the nursing students' clinical education, and underlies the interpersonal dynamics in the clinical environment. This research discovered the importance of Korean students' collectivistic characteristics in a Confucian culture to their learning. East Asian countries such as Korea, China and Japan share traditions of Confucian thought in their cultures and these countries are regarded as collectivism-dominant countries (Lee et al., 2007). In national contexts, a key principle Confucianism teaching is that "the stability of society is based on unequal relationships between people" (Hofstede and Bond, 1988, p.8). Indeed, as a vital socio-cultural factor, the participants in this research also stressed the existence of social hierarchy in both social and learning contexts, especially in clinical environments, and they disclosed that this hierarchy negatively influenced their learning. These findings are also supported by

Yang (2012). Meanwhile, this hierarchical relationship between nurses and nursing students can also be found in research conducted in Western countries. For example, Flinkman et al. (2013) argued that a hierarchy exists in the Finnish hospitals and that nursing students were at the bottom of that hierarchy. The nursing students also expressed their lack of power in changing that hierarchy. However, it could be said that in East Asia, the hierarchy is amplified due to the influence of Confucian culture. Therefore, stricter rules and reinforcement of the hierarchy could be applied to East Asian students, which could pose a great obstacle to their learning in clinical environments.

Nursing students' clinical education was also affected by the duration of each clinical placement, and that duration was decided by mutual agreement between hospitals and universities (Short duration of placements). Many researchers such as Dragon (2009) and Warne et al. (2010) found that longer placement durations were beneficial for the building of positive interpersonal relationships between nursing students and nurses. Levett-Jones et al. (2008) also reported that longer placements had more positive impact on nursing students' learning in clinical environments as the students could gain a higher sense of belongingness. This concept of belongingness is similar to the concept of rapport in this research as it can be interpreted that the concept of rapport is a necessary condition to the concept of belongingness. Due to the short placement durations in Korea, however, the nursing students in this research experienced failure in building rapport with nurses, and accordingly failed to feel a sense of belongingness. Levett-Jones et al. (2008) explained that such failure to construct a sense of belongingness can cause negative clinical experiences.

Nevertheless, a longer clinical placement guarantees neither positive interpersonal relationships between nurses and nursing students, nor the students' positive learning experiences. Even with longer clinical placements, if the quality of clinical education or the quality of interpersonal relationships cannot be ensured, nursing students could still have

clinical experiences whereby their learning is not optimised (Brammer, 2008). As was introduced in this research, the interpersonal relationship is directly affected by several factors, such as the nurses' attitudes, their workload and busyness, and the hierarchy. Therefore, each of these factors should be carefully addressed to ensure the quality of interpersonal relationships during longer clinical placements.

4.3. Individual dynamics in nursing clinical education

In clinical environments, the nursing students became stressed by various negative emotions due to the negative influence of all the extrinsic factors (Emotional burdens). These students' negative emotions were mostly caused by the interpersonal dynamics with the nurses, and these negative emotions significantly hindered their learning. In the literature, existing research studies on nursing clinical education reported that the students struggled with their emotional distress in clinical environments due to various reasons, such as unfamiliar surroundings (Yang, 2012), their low social positions (Randle, 2003), and relationships with nurses (Nolan and Ryan, 2008). In particular, the students received more negative stress from their relationships with the nurses than from their workloads (Melincavage, 2011, Nolan and Ryan, 2008). This emotional distress should be carefully managed in the clinical learning environment. This is because learning and overall academic performance can be negatively affected when a learner is disrupted by high levels of stress, depression and anxiety (Kang et al., 2009, Chernomas and Shapiro, 2013).

Although it was not as significant as the emotional burdens, nursing students in this research experienced physical burdens from the placements. Yang (2012) reported that nursing students had to stand during their period on duty feeling as if they were being punished, which made their legs sore, and would only be able to sit during lunchtime, which is similar to this research. In addition, Keogh et al. (2009) discussed nursing students' physical burdens due to the hard

work experienced during clinical placements.

5. Limitations and further research

Johnson and Onwuegbuzie (2004) have identified generalisability as a weakness in qualitative research. Although Smaling (2008) argues that generalisability can be achieved by theoretical methods in qualitative research (i.e., theoretical generalisation), theoretical generalisation is insufficient to assure the universal generalisability of the research findings. Rather, the findings of this research can be theoretically generalised to nursing students studying in a nursing school that offers a bachelor's degree within the geographical boundary of Seoul, Korea, and to some extent, other countries with cultures influenced by Confucianism. Thus, further research studies are required to obtain a more in-depth understanding of the findings.

6. CONCLUSION

The clinical learning context has a profound effect on nursing students' clinical education experiences and therefore, their desire to persist with nursing. This study explored the difficulties nursing students face in adjusting to and learning in unfamiliar clinical contexts, resulting in less positive placement experiences. Understanding the six factors that influence the clinical learning context and their complex dynamics allows holistic consideration of nursing students' needs and the parties that need to be involved to support clinical education, such as healthcare organisations and professionals, educators, and government bodies. Despite the geographical limitation of this study, the findings can still apply to and be used as a basis for further research in clinical nursing education in other geographical regions. Through improvements to the clinical learning context, nursing students will feel better supported and

more motivated to continue learning and developing professionally in nursing.

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